



# ASSESS THE KNOWLEDGE ABOUT RISK FACTORS OF HYPERTENSION AMONG ADULTS IN SELECTED VILLAGE AT CUDDALORE DISTRICT

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## ABSTRACT

The most common hereditary disease which are prevailing in India population are hypertension cardiac disease, diabetes mellitus, and bronchial asthma. And tuberculosis among these disease hypertension is the most widely seen. High blood pressure termed "hypertension" is a leading cause of morbidity and Mortality. The affects almost one billion people in world wide. It is very common and affects around 50 million Americans of which about 30% are not yet diagnosed (NHLBI). There is strong evidence that blood pressure is highly related to the state of the autonomic nervous system, where the state of excitation or sympathetic highly correlates with higher blood pressure and state of relaxation or parasympathetic highly correlates with the lower blood pressure. **Objective of the Study:** To assess the knowledge of adult regarding risk factors of hypertension. To identify the risk factors of hypertension among adult. To find out the association between knowledge with selected demographic variable. **Methodology:** One group pre-test descriptive design was adopted for this study the study was conducted in community at Cuddalore district. Convenient sampling technique was adopted to select the individuals for the study. A total sample of adult who met inclusion criteria were selected using convenient sampling techniques. **Conclusion:** The present study assessed the knowledge among the subjects regarding risk factors of hypertension. The study showed that there was no significant association between pretest knowledge with demographic variables such as age, education, occupation, type of family, monthly income, religion, place of residence, source of information. And found that the subjects had inadequate knowledge of risk factors of hypertension before pre-test. After pre – test assess the risk factors of hypertension.

## INTRODUCTION:

Hypertension is an under diagnosed condition because it causes damage to the body with no symptoms or only mild symptoms. It has been called a "Silent killer" for this reason. Life is the modern world is fraught with stress and stressful condition and the consequent effects on health are many WHO (2010) appreciates both physical and mental health for total health of an individual. Physical health comes through Muscle Training, Jogging, Swimming, Aerobic, Walking, Yoga and etc.

About 11, 31,000 people were screened for hypertension in 98 health facilities during the pilot project and 8,57,616 people who came to health care facilities (in the 16 districts) for other ailments were also screened. Of these, 60, 517 were found to have hypertension. The percentage of the people testing positive for hypertension was 7.06%. Breathing exercise can be trained for both positive and negative influences on health. Breathing through left nostril access the right "feeling" hemisphere of the brain and breathing through left nostril access the left "thinking" hemisphere of the brain. Consciously alternating breathing between either nostril allow you to activate and access whole brain. In chronic stress, breathing may be rapid, shallow, results in less oxygen transfer to the blood and subsequent poor deliver of nutrients to the tissue (Darla Caraballo, 2012).

## NEED FOR STUDY:

Hypertension is the leading cause of Cardio Vascular disease worldwide. Incidence rates of hypertension range between 3% and 18%, depending on the age, gender, ethnicity, and body size of the population studied. However the people younger than 45 years and 65 years older are affected the blood pressure. The world wide, according to the world health statistics 2012 report, 23.10% men and 22.60% women above 25 years suffer from hypertension. They estimated that 57 million global death in 2008 & 36 million (63%) were due to non-communicable disease (NCDS). According to Arun Gangadtiar Ghorpade (2015) in Pondicherry, the prevalence of hypertension in the study population was 24.7% with higher prevalence being observed in males (28.7%) than females (21.0%). The statistical analysis revealed a significant association between reduced physical activity, addiction to smoking and alcohol, abdominal obesity, high salt intake, and presence of hypertension.

## OPERATIONAL DEFINITION:

**Assess:** It refers to the identifying the level of knowledge regarding risk factors of hypertension.

**Knowledge:** It refers to understanding information about the risk factors of hypertension.

**Risk Factors Of Hypertension:** refers to the person is having risk factors of hypertension.

**Adult:** Refers to the age group between 35-60 yrs people living in the commu-

nity area.

## OBJECTIVES OF THE STUDY:

- To assess the knowledge of adult regarding risk factors of hypertension.
- To identify the risk factors of hypertension among adult.
- To find out the association between knowledge with selected demographic variable.

## HYPOTHESIS:

H<sub>0</sub> – there is a limited knowledge of risk factors of hypertension.

H<sub>1</sub> – increase in level of knowledge shall increase the prevention of hypertension

H<sub>2</sub> – modification of life style will prevent hypertension

## METHODOLOGY:

Descriptive design was adopted for this study

**Population:** The population for the present study comprised of adult living in community area.

**Sample:** Adult living in community area was drawn using Convenient sampling technique

## Setting of the study:

The study was conducted in community at Cuddalore district.

## Description of the tool:

**Section A: Demographic data:** includes the information related to variables such as age, gender, marital status, education, no of children, family history of hypertension, social activities, types of family, income/month and relational activity.

**Section B: Knowledge Questionnaire:** The tool consists of 25 closed ended questions which were prepared very carefully considering the language, clarity, organization and sequence of items. The questions were prepared under the sub heading of risk factors of hypertension.

## Data collection period:

The data will be collected over a period of 2 weeks at community area at Vadarur. Confidentiality will be assured to all the subjects to get their co-operation throughout the process of data collection.

## RESULT AND DISCUSSION:

Table 1: Distribution of demographic variables of the risk factors of hypertension among adults.

S. No	Demographic Variable	Frequency	Percentage (%)
1	<b>Age:</b>		
	a) < 35 Years	7	14
	b) 35 - 40 Years	14	28
	c) 40 - 45 Years	19	38
	d) 45 - 50 Years	10	20
2	<b>Gender:</b>		
	a) Male	39	78
	b) Female	11	22
	c) Transgender	-	-
3	<b>Marital Status:</b>		
	a) Married	36	72
	b) Unmarried	14	28
4	<b>Education:</b>		
	a) Uneducated	25	50
	b) Primary	9	18
	c) Secondary	2	4
	d) Graduate	14	28
5	<b>No. of Children:</b>		
	a) > 2	49	98
	b) 3 S above	1	2
	c) Nil	-	-
6	<b>Family history of hypertension:</b>		
	a) Both the father and mother are hypertensive	20	40
	b) Either father or mother is hypertensive	2	4
	c) No family history of hypertension	28	56
7	<b>Social activities:</b>		
	a) Yes	20	40
	b) No	30	60
8	<b>Types of family:</b>		
	a) Nuclear family	36	72
	b) Joint family	14	28
	c) Extended family	-	-
9	<b>Income/month:</b>		
	a) <3,000	10	20
	b) Rs.3,000-6,000	25	50
	c) Rs.6,000	15	30
10	<b>Recreational activity:</b>		
	a) Some time	10	20
	b) Often	25	50
	c) Mary time	15	30

Table 2: Distribution of level of pre-test knowledge about risk factors of hypertension among adults in selected village at Cuddalore district.

S. No	Risk Factors of Hypertension	Frequency	Percentage
1	<b>Employment status:</b>		
	a) Secondary	40	80
	b) Moderate	4	8
	c) Heavy	6	12
2	<b>Working shift:</b>		
	a) long day shift	1	2
	b) long night shift	42	84
	c) routine shift	7	14
3	<b>Working danger at working environment:</b>		
	a) yes	19	38
	b) no	17	34
	c) not aware	14	28
4	<b>Working hours:</b>		
	a) < 8 hours	40	80
	b) 8-10 hours	10	20
	c) >10 hours	-	-
5	<b>Working experience:</b>		
	a) <10 years	49	98
	b) 10-12 years	1	2
	c) >20 years	-	-
	d) others	-	-
6	<b>Type of work:</b>		
	a) manual	20	40
	b) machinery	2	4
	c) not refined	28	56

Table 3: Distribution of level of pre-test knowledge about health related to behavior among adults in selected village at Cuddalore district.

S. No	Health Related to Behaviour	Frequency	Percentage
1	<b>Exercise:</b>		
	a) regularly every day	2	4
	b) less frequently 2-3times	4	8
	c) no habits	44	88
2	<b>Dietary pattern:</b>		
	a) vegetarian	39	78
	b) non-vegetation	11	22
3	<b>Preference for fast-food:</b>		
	a) regularly everyday	36	72
	b) less frequently 2-3 times/week	14	28
	c) no habits	-	-
4	<b>Preference for hotel food intake:</b>		
	a) regularly every day	25	50
	b) less frequently 2-3 times/week	9	18
	c) no habits	2	4
5	<b>Eating habits in a day:</b>		
	a) twice	49	98
	b) thrice	1	2
	c) more than thrice	-	-
6	<b>Type of oil used for cooking:</b>		
	a) branded refined oil	20	40
	b) palm oil	2	4
	c) traditionally prepared oil	28	56
7	<b>Smoking habits:</b>		
	a) yes	20	40
	b) no	30	60
8	<b>Alcohol consumption:</b>		
	a) yes	36	72
	b) no	14	28
9	<b>Habits of health check up:</b>		
	a) once in every 3 month	4	8
	b) once in every 6 months	3	6
	c) once in year	43	86
	d) nil	-	-

Table 4: Distribution of mean and standard deviation of demographic variables in knowledge regarding risk factors of hypertension among adult living in community area n=50.

S. No	Demographic Variables	NO	Mean	SD	(F/T) Value	P-Value
1	<b>Age:</b>					
	a) <35 years	7	6.57	1.99	1.262	0.001*
	b) 35-40 years	14	8.36	2.68		
	c) 40-45 years	19	8.05	2.12		
	d) 45-50 years	10	7.30	1.77		
2	<b>Gender:</b>					
	a) Male	25	7.82	1.84	1.242	0-305(ns)
	b) Female	25	7.32	1.84		
	c) Transgender	-	-	-		
3	<b>Marital status:</b>					
	a) Married	36	7.77	2.47	0.136	0.893
	b) Unmarried	14	7.86	1.75		
4	<b>Education:</b>					
	a) Uneducated	25	7.32	1.84	1.242	0.305
	b) Primary	9	8.11	3.41		
	c) Secondary	2	6.50	0.71		
	d) Graduate	14	8.57	1.99		
5	<b>No. of Children:</b>					
	a) >2	49	7.80	2.25	0.122	0.728
	b) 3 & above	1	7.00	0.00		
	c) Nil	-	-	-		
6	<b>Family history of hypertension:</b>					
	a) Both the father and mother	20	7.70	2.47	1.242	0.001
	b) Either father or mother is hypertensive	2	5.50	0.71		
	c) No family history of hypertension	28	8.00	2.07		
7	<b>Social activities:</b>					
	a) Yes	20	7.70	2.47		0.001*
	b) No	30	7.80	3.00		

S. No	Demographic Variables	NO	Mean	SD	(F/T) Value	P-Value
<b>8</b>	<b>Type of family:</b>					
	a) Nuclear family	36	7.70	2.44		
	b) Joint family	14	7.56	1.99		0.893(ns)
	c) Extended family	---	---	----		
<b>9</b>	<b>Income/month:</b>					
	a) <3,000	10	1.77	1.77		
	b) Rs.3,000-6,000	25	7.32	7.32		0.298(ns)
	c) Rs.6,000	15	7.92	2.79		
<b>10</b>	<b>Recreational activity:</b>					
	a) Sometime	10	1.77	1.77		
	b) Often	25	7.32	1.84		0.001*
	c) Many Time	15	7.92	2.01		

#### CONCLUSION:

The present study assessed the knowledge among the subjects regarding risk factors of hypertension. To assess the knowledge of adult regarding risk factors of hypertension. To identify the risk factors of hypertension among adult. To find out the association between knowledge with selected demographic variable. A total of 50 samples were selected for the study by using convenient sampling method. A pretest was conducted to assess the knowledge level using a structured-questionnaire with interview schedule. Then the STP was given by the investigator regarding risk factors of hypertension. After 7 days, the post test was conducted for the same sample. The study showed that there was no significant association between pretest knowledge with demographic variables such as age, education, occupation, type of family, monthly income, religion, place of residence, source of information. And found that the subjects had inadequate knowledge of risk factors of hypertension before pre-test. After pre – test assess the risk factors of hypertension.

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